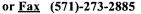
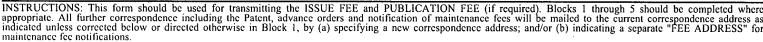
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





appropriate. All further indicated unless correcte maintenance fee notifica	correspondence including below or directed off tions.	ng the Patent, advance of herwise in Block 1, by (orders and notification of a) specifying a new corre	maintenance fees wi spondence address;	ill be mailed to the current of and/or (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPOND		lock 1 for any change of address)	Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Third Floor Two North Mark	URABITO & HA	O LLP	PR 16 2007 W	Certicle Certify that this tes Postal Service with the Mail ressed to the Mail asmitted to the USPT	ificate of Mailing or Transms Fee(s) Transmittal is being th sufficient postage for first Stop ISSUE FEE address (O (571) 273-2885, on the da	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.	
San Jose, CA 95	113 32 00000006 1082540	\	. 4/ 1	Mina Olive	eri	(Depositor's name)	
01 FC:1501		A AA OD	TA TRADELINATO Z	Mina Gl	wai	(Signature)	
02 FC:8001		0.00 OP 6.00 Op	GIRAU	4/11/07		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/825,409	04/14/2004		Burnell G. West		NPT-65.0405	8168	
TTLE OF INVENTION	: DIAGNOSTIC PRÔCI	ESS FOR AUTOMATED	TEST EQUIPMENT	·			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$0	\$1400	04/11/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS]	•		
KERVEROS	S, JAMES C	2138	714-736000	- , ,		•	
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indi	ication (or "Fee Address 2 or more recent) attach	" Indication form	(2) the name of a sing registered attorney or 2 registered patent attolisted, no name will be	orneys or agents. If n	s of up to o name is 3		
. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assigned pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assigned assignment.	e is identified below, the do	cument has been filed for	
(A) NAME OF ASSIC	GNEE .		(B) RESIDENCE: (CITY	Y and STATE OR CO	OUNTRY)		
Credence	Systems Con	rporation	Milpit	tas, CA			
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual XX Cor	poration or other private grou	up entity Government	
a. The following fec(s) a **[3] Issue Fee	o small entity discount p		A check is enclosed. Payment by credit car	rd. Form PTO-2038	y previously paid issue fee s is attached. cathe required fee(s), any def 50-4160 (enclose an	·	
. Change in Entity Stat	tus (from status indicated	d above)	F. A				
a. Applicant claims	s SMALL ENTITY statu	is. See 37 CFR 1.27.			L ENTITY status. See 37 CF		
NOTE: The Issue Fee and nterest as shown by the r	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than to Office.	the applicant; a regis	tered attorney or agent; or the	e assignee or other party in	
Authorized Signature		//		Data A	201 /1 2007		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name Anthony C. Murabito

35,295

Registration No.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: CRDC-P0405

2138

Kerveros, James C.

Inventor(s):

Burnell G. West and Rodolfo E. Garcia

Serial No.:

10/825,409

Filed:

4/14/2004

Confirmation No:

8168

Title:

DIAGNOSTIC PR

UTOMATED TEST EQUIPMENT

Group Art Unit:

Examiner:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

ATTENTION: Mail Stop Issue Fee

Sir:

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 CFR 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85

APR 16 2007

2. X Applicant is other than a small entity

Fee Calculation

(for other than a small entity)							
Application Status is:	Regular	Design	Total				
Fee (CFR 1.18(a) and (b)):	X \$1,400.00	\$800.00	1,400.00				
Additional Copies (2 @ \$3.00)			6.00				
Total Fees			1,406.00				

PAYMENT OF FEES

- 1. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 50-4160.

 A duplicate copy of this authorization is enclosed.
- · [X] A check in the amount of \$1,406.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: <u>50-4160.</u>

Please direct all correspondence concerning the above-identified application to the following address:

MURABITO, HAO & BARNES LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: ッ

By:_

Anthony C. Murabito Reg. No.: 35,295